



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date <u>6-9-78</u>	1. Agency Address <i>DHR Division of Vocational Rehabilitation Warm Springs Hospital Warm Springs, Ga. 31830</i>	Application Number <u>78-127</u>	Date Received <u>JUN 12 1978</u>
Application Number <u>DHR-20</u>		Date Completed <u>JUN 22 1978</u>	
2. Person to Contact <i>Kathy Miller</i>		Working Title <i>Medical Records Administrator</i>	Telephone Number <i>Gist 257-3122</i>
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest <u>1930</u> <u>present</u>		5. Records Series Title (followed by title used in office, if different) <i>Warm Springs Patient Medical Record Files</i>	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <i>The Division of Vocational Rehabilitation is responsible for supervising and directing the programs in the State which are designed for training the non-productive members of society to become productive members of society, with emphasis on serving the severely disabled on a priority basis.</i> <i>Warm Springs Hospital, formerly operated by the March of Dimes Foundation, offers hospital and therapeutic services for the severely disabled patient.</i>			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: <i>services received by patients at the Warm Springs Hospital.</i> Included are: <i>but not limited to, are application for services, admission summaries, physical examinations' reports, nursing care notes, physicians orders and other similar and related documents required for medical reference.</i> File is arranged: <i>chronologically by year of closure then alphabetically by patient's name.</i>			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>1,000</u> ; Seven to twelve months old <u>1,000</u> ; Thirteen to twenty-four months old <u>100</u> ; twenty-five months and older <u>10</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves <u>4 - 36"</u> ; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <i>Confidential Medical Record</i>
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|---------------------------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <i>35yr 35-Permanent</i> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Inactive Medical Records Prior to 1970 - Cut-off file immediately, then transfer to State Archives for permanent retention.

Inactive Medical Records after 1970 - When individual dies or becomes ineligible for service, combine all records and place in inactive file; cut-off the inactive file at the end of each calendar year; hold at hospital for 7 years; then transfer to the State Records Center, hold 28 years; then destroy.

Records may be transferred anytime during the first seven years of inactivity when space limitations exist at the hospital.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>J. S. Gentry</i>	<i>6/1/78</i>	<i>W. J. McDonald</i>	<i>6-9-78</i>
<div style="display: flex; justify-content: space-between;"> <div> <p>Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)</p> </div> <div> <p>State Records Committee (Signature)</p> </div> <div> <p>Date</p> </div> </div>			
State Auditor/Designee	<i>[Signature]</i>	<i>6-20-78</i>	
Secretary of State/Designee	<i>Carroll Hart</i>	<i>6-19-78</i>	
Attorney General/Designee	<i>MT Sheep</i>	<i>6-21-78</i>	

Roosevelt - Warm Springs Rehabilitation Center

Warm Springs, Georgia 31830

Telephone 404-655-3321

GEORGIA WARM SPRINGS HOSPITAL
T. SIDNEY OGLESBY, ADMINISTRATOR
404/655-3321

GEORGIA REHABILITATION CENTER
ROBERT M. LONG, ADMINISTRATOR
404/655-3341



DIRECTOR
ROBERT J. PURSLEY, PH.D.
ACTING MEDICAL DIRECTOR
E. B. DUNLAP, Jr., M.D.

June 1, 1978

Office of the Secretary of State
Department of Archives and History
Records Management Division
330 Capitol Avenue
Atlanta, Georgia 30334

Re: Retention Plan for GWSH
Medical Records

Dear Sirs:

In the interest of the Georgia Warm Springs Hospital, which is a part of the complex known as the Roosevelt - Warm Springs Rehabilitation Center, I would like to request that our hospital records prior to 1970 be permanently retained among the State Archives. During those years, the present institution, known then as the Georgia Warm Springs Foundation, was most prominent and was noted for its treatment in the field of poliomyelitis. These records should provide much in the way of historical data as well as a source in research should the need arise. Retention of records beyond the year 1970, for the same reason, is requested for a period of thirty-five years. At that time, such may be reviewed prior to destruction or elimination.

Thanking you in advance for your consideration and cooperation,
I remain

Yours very sincerely,

E. B. Dunlap, Jr., M.D.
Acting Medical Director

EBD:jb